

Kansas.gov Monthly Billing Option Change Form

STEP 1: SUBSCRIBER ACCOUNT INFORMATION

Kansas.gov Subscriber

Account Name and Number: _____

STEP 2: CHANGE BILLING OPTION

CURRENT Billing Option:	NEW Billing Option:
<input type="checkbox"/> Electronic Fund Transfer	<input type="checkbox"/> Electronic Fund Transfer
<input type="checkbox"/> Manual	<input type="checkbox"/> Manual

STEP 3: CHANGE ACCOUNT INFORMATION

Electronic Funds Transfer

CURRENT Account Information:	NEW Account Information:
Routing Number:	Routing Number:
Account Number:	Account Number:
Bank Name:	Bank Name:
Account Type:	Account Type:
<input type="checkbox"/> Business Checking Account	<input type="checkbox"/> Business Checking Account
<input type="checkbox"/> Business Savings Account	<input type="checkbox"/> Business Savings Account
<input type="checkbox"/> Consumer Checking Account	<input type="checkbox"/> Consumer Checking Account
<input type="checkbox"/> Consumer Savings Account	<input type="checkbox"/> Consumer Savings Account

STEP 3: SIGN FORM

Kansas.gov Account Administrator Signature*: _____

Date: _____

***This form MUST be signed by the Kansas.gov Account Administrator.**

STEP 4: TRANSMIT FORM

Please print and complete one form per account. Send via FAX or U.S. Postal service to:

MAIL	FAX
Kansas.gov 534 S. Kansas Ave., Ste 1210 Topeka, KS 66603-3434	785-296-5563

Your account will be updated within 3 business days of receipt.